PATENT APPLICATION FEE DETERMINATION RECORD 10766155 Effective October 1, 2003												55	
								130-301772					1
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALLE TYPE [NTITY	OR	OTHER SMALL		
T	OTAL CLAIMS		15		·		[RATE	FEE]	RATE	FEE ·	
F	OR .		NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			15 - minus 20=		.0		.	X\$ 9=		OR	XS18=		
INI	DEPENDENT C	LAIMS	5 - minus 3 =		2		ſ	X43=		OR	X86=	1721	5
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT						†	1		7,00.	10
• 1	the difference	in column 1 is	less than z	ero, enter	"0" in (column 2	L	+145=	 	OR		0440	
	_ / . 6		IUIAL	<u> </u>	JOR	TOTAL	942.	~2					
1	1/27/05	(Column 1)	MENDEL	D - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	·	CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	•.
	Total	• 9	Minus	PAID	FOR	•	l	XS 9=	. FEE	OR	X\$18≖	FEE	
	independent	.6	Minus	<	5	= /		X43=		OR	X86=	said.	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	ОН		2060	١.
						•	L	+145=		OR	+290=		
							A	TOTAL DDIT. FEE	<u> </u>	OR	TOYAL ADDIT. FEE		
_		(Column 1)	,	(Colun		(Calumn 3)	_						
AMENOMENT B		REMAINING AFTER		NUMI PREVIO	BER	PRESENT. EXTRA		RATE	ADDI- TIONAL	1	RATE	ADDI- TIONAL	
	Total	AMENDMENT / X	Minus	PAID	FOR)	_ /	┠	200	FEE /		26040	FEE /	
	Incependent	• / 0	Minus		10	-/-	╌┠╴	X\$ 9=	· /	OR	X\$18=	/	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞	X43=	/_	OR	X86=	_/	
		.,	,					+145=		OR	+290=	/ .	İ
•							AI	TOTAL DOT, FEE	(-:	OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	ın 2)	(Column 3)		•					İ
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		:	Γ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••	•		┢	X43=					
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	A49=		OR	X86=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								I	OR	+290=		
•••	I the Highest Nur	AD	TOTAL DIT. FEE		OR ,	TOTAL LODIT, FEE							
		mber Previously Pai ber Previously Paid						_	ropriate box				

Application or Docket Number